Aerobic Winter Challenge 2020-2021 Registration Form

Parent/Guardian Signature for participants under the age of 18

COCONINO
COUNTYARIZONA
Health & Human Services

AEROBIC
WINTER CHALLENGE

Teams must consist of 5-10 members, including one Team Leader. Team Leader must be 18 years of age or older. Prize eligibility requirement is 14 days per month, at 30 minutes per day. We also encourage healthy eating during the winter months by including nutrition tips and recipes in monthly newsletters!

General registration is \$10 per person to join, unless spons	ored by a subsidized agency. Please see page 2.				
Check One: TEAM LEADER TEAM MEMBE Check One: YOUTH (6-17 years old) OR ADU	LT (18+)				
1.) Participant Information					
Participant Name (First, Last):					
mail:Phone number:					
Are you employed by Mountain Line, NACA, GCC, CCC, *If yes, you may be eligible for a subsidized registration fe	ee. Please see page 2.				
2.) Team Information Worksite: *If you are a community group, please put "community".	Worksite Location ☐ Flagstaff ☐ Williams ☐ Sedona ☐ Hopi ☐ Tusayan/Grand Canyon ☐ Tuba City ☐ Pag ☐ Other:				
Team Name:					
3.) Aerobic Winter Challenge 2020-2021 Terms of Agre					
1) I will record my progress on the wall chart or individual month. LEADER will send in this information monthly.	thly activity log provided to each team. My TEAM				
2) I fully release the Coconino County Health & Human Service legal liability for consequences related to my involvement in the	<u>*</u>				
3) I understand that strenuous exercise may be hazardous for per over 30, have undiagnosed health problems, or have not particip that Aerobic Winter Challenge participants are urged to consult	pated in a regular exercise program. I further understand				
By signing below, you are verifying that you have read the a	bove statements and agree to follow them.				
Participant's Name (PLEASE PRINT)	Participant's Signature				

4.) Do you want to purchase a dry-fit performance t-snirt or cotton noodle? \(\square \text{No} \square \text{Yes}					
Men's	Women's				
	Men's & Wome Medium 🗌		\$16.00 X-Large □	2X-Large (+ \$3)	3X-Large (+ \$4)
Long Sleeve (I Small	Men's Crewneck Medium □	& Women's V- Large [· —	2X-Large (+ \$3)	3X-Large (+ \$4)
Cotton Pull O Small	ver Hoodie (Me Medium		\$27.00 X-Large □	2X-Large (+ \$3)	3X-Large (+ \$4)





5.) Give your completed **registration form** and **entry fee** (cash or check) to your Team Leader. *Please make checks payable to "CCHHS – AWC"*

*Employees of the following agencies have a discounted fee:

Coconino Community College (temporary, part-time, and full-time) employee fee is \$5.

Grand Canyon Conservancy (temporary, part-time, and full-time) employee fee is \$5.

Native American's for Community Action (temporary, part-time, and full-time) employee fee is \$5.

Mountain Line (temporary, part-time, and full-time) employee fee is \$5.

Northern Arizona Healthcare (part-time and full-time) employee fee is \$5.

Northern Arizona University benefit-eligible employee fee is \$5. Available to benefit eligible employees only!